Cancer Prevention Fellowship Program

Application Catalog

Epidemiology, Laboratory Sciences, Psychology, Biostatistics, Engineering, Nutritional Sciences, Social Health Services Research, Health Disparities, Medicine, Epidemiology, Laboratory Sciences, Psychology, Biostatistics, Engineering, Nutritional Sciences, Social Sciences, Health Services Research, Health Disparities, Medicine, Epidemiology, Laboratory Sciences, Psychology, Biostatistics, Engineering, Nutritional Sciences

U.S. Department of Health & Human Services | National Institutes of Health
Cancer Prevention Fellowship Program

APPLICATION DEADLINE
AUGUST 25

Contact information:
Cancer Prevention Fellowship Program
National Cancer Institute
9609 Medical Center Dr.
Room 2W136, MSC 9712
Bethesda, MD 20892-9712

For overnight delivery:
9609 Medical Center Dr. Room 2W136
Rockville, MD 20850

Program Directors
David E. Nelson, M.D., M.P.H.
Director, Cancer Prevention Fellowship Program
National Cancer Institute, NIH

Lisa B. Signorello, Sc.D.
Senior Biomedical Scientist
Deputy Director, Cancer Prevention Fellowship Program
National Cancer Institute, NIH

Hala Azzam, Ph.D., M.P.H.
Epidemiologist
Associate Deputy Director, Cancer Prevention Fellowship Program
National Cancer Institute, NIH

Further inquiries:
Program Coordinator
Cancer Prevention Fellowship Program
Telephone  (240) 276-5626
Fax      (240) 276-7883
E-mail   cpfpcordinator@mail.nih.gov

Website:
cfp.cancer.gov

IMPORTANT DATES
Application open: May 1
Application deadline: August 25
All application materials must be submitted by this date.
One-day interview: October
Notification: Mid-November
Appointment starts: June
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Program Description

Overview

Preventing cancer is one of the most important scientific and public health goals of the 21st Century. To achieve that goal, the Nation needs leaders: scientists and health professionals trained in the principles and practice of cancer prevention and control. At the National Cancer Institute (NCI) the Cancer Prevention Fellowship Program (CPFP) provides state-of-the-art training in cancer prevention and control.

The centerpiece of the CPFP is mentored, multidisciplinary research at the NCI. With input from senior scientific mentors and from program scientific staff, each fellow develops original scientific projects and reports findings at scientific meetings and in leading journals. The primary goal is for each fellow to develop an independent research program in cancer prevention.

Research opportunities for Cancer Prevention Fellows reflect the broad origins and applications of many biomedical sciences relevant to public health and clinical medicine. Opportunities exist for basic science laboratory studies, clinical studies, epidemiologic studies, intervention trials, health services research, and studies of the biological and social aspects of health behavior. Examples of specific research opportunities and individual mentors at the NCI are found in this catalog and on our website. Further, an initiative of the NCI and the Food and Drug Administration (FDA) affords fellows the prospect of applying research in drugs, biologics, medical devices, or other areas to the field of cancer prevention.

The CPFP also offers an opportunity for fellows to receive a Master of Public Health (M.P.H.) degree at any 12-month accredited program in the United States. Other educational activities include the NCI Summer Curriculum in Cancer Prevention, weekly seminars, and professional development workshops.

Our program is regularly evaluated and growing. Our alumni can be found across the country taking the lead at cancer centers, universities, government agencies, research firms, policy organizations, and in clinical practice. Many former fellows now act as mentors, assisting those who are following in their footsteps.

We are committed to providing a comprehensive postdoctoral program that is flexible enough to permit individual creativity and resourceful enough to provide opportunities for meaningful discoveries. Structured to promote a collaborative spirit of fellowship, the program recruits diverse applicants. We work hard to provide an equitable and competitive application process. We believe that the CPFP provides a solid foundation upon which fellows can build knowledge and experience and become leaders. We encourage you to learn more about the unique features of the CPFP by visiting our website at cpfp.cancer.gov and through testimonials from current fellows and alumni by viewing a short video at cpfp.cancer.gov/about-us/video.

On behalf of all of us who are committed to eliminating death and suffering from cancer—patients, physicians and nurses, researchers, other scientists, and the general public—we urge you to join us in this endeavor. Please read the eligibility requirements and submit your application. We look forward to hearing from you.
Master of Public Health

One of the unique features of the CPFP is the opportunity to receive formal, academic training in public health. By pursuing an M.P.H. degree, fellows learn about cancer prevention in the context of public health. The M.P.H. also provides individuals with a strong foundation in the quantitative sciences of epidemiology and biostatistics. Fellows who already possess an M.P.H. degree, a Dr.P.H. degree, or a doctoral degree in biostatistics, epidemiology, or other public health discipline typically come directly to the NCI to begin their research.

As described above, fellows applying to the program with a sufficient background in public health, and with sufficient skills in areas such as epidemiology and biostatistics, do not need an M.P.H. and come directly into the fellowship with support of up to four years. Other fellows without this prior training (for example, those trained primarily in the basic sciences, medicine, or other disciplines) would need to obtain an M.P.H. during the first year of their fellowship. These decisions are generally straightforward and are made by the CPFP directors during the application process.

Once accepted into the CPFP, each fellow pursuing an M.P.H. is responsible for arranging admission to a university offering an M.P.H. program that can be completed in 12 months or less. The NCI will pay the tuition, fees, book allowance, and fellow’s stipend during this year. It is expected that all M.P.H. requirements will be completed by the start of the NCI Summer Curriculum in Cancer Prevention.

It is the fellow’s responsibility to check with the university about admission, courses, and GRE requirements, as well as to ensure that the M.P.H. can be completed within the 12-month timeframe. Typically, universities require mathematics, biology, and chemistry courses at the undergraduate level; a current (usually within 5 years) GRE score; and completion of the TOEFL (for foreign education) before acceptance into an M.P.H. program. To obtain information about the GRE, call (609) 771-7670; write to the Graduate Record Examination at P.O. Box 6000, Princeton, NJ 08541-6000; or visit the website www.ets.org/gre.

Listed below are examples of one-year accredited M.P.H. programs (as of March 2017). Fellows have received funding from CPFP to attend and have graduated from the universities marked**. For additional and updated information on M.P.H. programs, refer to the Association of Schools and Programs of Public Health website www.aspph.org.

- Columbia University**
- Dartmouth College**
- Emory University**
- Florida International University
- George Washington University**
- Harvard University**
- Johns Hopkins University**
- Northwestern University
- Thomas Jefferson University
- Uniformed Services University of the Health Sciences**
- University of Buffalo**
- University of California–Berkeley**
- University of Memphis
- University of Miami
- University of Pittsburgh
- University of Texas – Galveston
- University of Virginia
- Yale University**
Mentored Research

Under the shared guidance of an individual NCI preceptor and the CPFP scientific staff, fellows will develop original research projects in cancer prevention and control. An overview of the preceptorships is provided in this catalog (refer to Preceptorships section), and a more complete listing is provided on our and other NCI websites.

Cancer Prevention Fellowship Program
cfp.cancer.gov
Division of Cancer Prevention
prevention.cancer.gov
Center for Cancer Research
ccr.cancer.gov
Division of Cancer Control & Population Sciences
cancercontrol.cancer.gov
Division of Cancer Epidemiology & Genetics
dceg.cancer.gov

Collaboration with investigators throughout the NCI is encouraged. Research opportunities include, but are not limited to:
- Biomarker development
- Biomedical or computational engineering
- Chemoprevention studies
- Clinical cancer prevention
- Epidemiology
- Health disparities and special populations
- Health services research
- Informatics
- Laboratory-based research
- Nutrition
- Screening and early detection
- Social and behavioral research
- Statistical methodology or other types of quantitative methodology

“The CPFP is the gift that keeps on giving – best thing that’s happened to me career-wise and continues to be. The Fellowship is where I learned team science and team work and how to be a good collaborator. I love collaborating and working with folks. I don’t have the entire skill set or breadth required to adequately address the issues we face in the field of cancer prevention, so by collaborating we can cover a lot more ground.”

Stephen Hursting, Ph.D., M.P.H.
Fellow Alumnus, University of North Carolina, Chapel Hill, NC

“The CPFP is a remarkable opportunity that is enabling me to grow as a researcher and leader in the field of cancer prevention and is unlike traditional postdoctoral training programs. Rather than being restricted to just one area of research, this program allows me the flexibility to work with renowned mentors to explore new areas of research and build on my transdisciplinary training by connecting multiple health behaviors related to cancer, such as tobacco use, physical activity, and eating behaviors. In addition, there are networking opportunities, leadership trainings, and other skills building activities that not only prepare me for the next step in my career, but propel me to heights greater than what I would have achieved through any other postdoctoral training program.”

Minal Patel, Ph.D., M.P.H.
Current Fellow, Cancer Prevention Fellowship Program
Additional Research Opportunities

IRELAND-NORTHERN IRELAND-NCI CANCER CONSORTIUM

The NCI has formed a multilateral partnership with Ireland and Northern Ireland to promote cooperation in all aspects of cancer research, treatment, and prevention. As part of this Ireland-Northern Ireland-NCI Cancer Consortium, the CPFP is open to applicants from Ireland. It is intended that individuals applying through the Consortium will pursue careers in cancer prevention in Ireland upon completion of the fellowship.

The program provides M.P.H. training in Ireland or the United Kingdom (year 1), the NCI Summer Curriculum in Cancer Prevention, and mentored research at the NCI (years 2–4). If the applicant already possesses an M.P.H. degree and a primary doctoral degree in a health-related discipline, or a Ph.D. in epidemiology or biostatistics, the fellowship will typically begin directly at the NCI (years 1–4).

To be eligible to apply through the Consortium, the applicant must:

- Possess a doctoral degree (M.D., Ph.D., J.D., or equivalent) or expect to complete the degree requirements by the start date of the fellowship. Assurance that all requirements will be completed must be supplied in writing by the chair of the dissertation committee (e.g., Ph.D. candidates) or dean of the school (e.g., M.D. candidates).
- Be an Irish citizen of the Republic of Ireland, or a citizen of the European Union (EU) currently employed on the island of Ireland. Proof of citizenship (birth certificate or passport) and proof of employment is required.

Prior to applying to the CPFP through the Consortium, applicants must contact the Health Research Board to ensure that eligibility criteria are satisfied. Applicants should allow sufficient time to obtain approval through the Consortium prior to the August 25 application deadline. For more information, please call the Cancer Prevention Fellowship Program Office at 240-276-5626 or email us at cpfpcoordinator@mail.nih.gov.

Program Description

“The Cancer Prevention Fellowship Program has provided me with fantastic opportunities to develop my research across multiple disciplines. This fellowship provides training, mentoring and career development for my individual needs, allowing professional growth and career progression. Specifically, the CPFP has encouraged and facilitated my continued access to Irish research connections and networks.”

Naomi Walsh, Ph.D., M.P.H.
Fellow Alumna, National Institute for Cellular Biotechnology, Dublin City University, Dublin, Ireland
NCI-FDA JOINT TRAINING IN CANCER PREVENTION

Cancer Prevention Fellows are eligible to participate in the NCI-FDA joint training in cancer prevention initiative. This component of the CPFP provides training in cancer prevention and in the development and approval processes of drugs, biologic agents, devices, or nutritional products.

Background and Rationale. In 2003, the NCI Director and the FDA Commissioner joined forces to more rapidly identify effective cancer preventive agents and cancer treatments, thereby accelerating the process of introducing new agents into the clinic. Arising from this joint commitment was an initiative to train postdoctoral scientists and clinicians in research in cancer prevention, drug development, and regulatory review. Research training opportunities exist in several centers at the FDA.

The NCI-FDA joint training in cancer prevention initiative will provide the opportunity for fellows to participate in all the activities of the CPFP at the NCI and in research and product development and regulatory review at the FDA. Combining training in public health, cancer prevention, and product development and regulatory research will allow individuals to develop expertise across three disciplines. This offers the possibility of developing novel agents and products, designing and implementing clinical trials in chemoprevention and early detection, advancing the nutritional sciences, and other prevention-related activities.

Research Opportunities. Example categories of research topics include:
- Cancer risk of drug, device, and gene therapy products
- Cellular substrates in vaccine development
- Clinical trial design and analytic methodology
- Development and selection of biomarkers and clinical endpoints in clinical trials
- Development of chemopreventive agents
- Genetic toxicology and cancer prevention
- Genomic and proteomic approaches to early detection of cancer
- Molecular and genetic approaches in product development
- Nutrition science and policy
- Screening and early detection
- Vaccination and cancer prevention

Further information is available at cancer.gov/grants-training/training/at-nci/iotf

“The Cancer Prevention Fellowship Program has given me the training, skills, opportunities, and connections to launch my career as an independent scholar, and more importantly as a productive researcher.”

David Portnoy, Ph.D., M.P.H.
Fellow Alumnus, Food and Drug Administration, Center for Tobacco Products, Silver Spring, MD
CLINICAL CANCER PREVENTION RESEARCH

Clinicians have the opportunity to participate in multidisciplinary research, the hallmark of the CPFP, in order to help bridge the gap between clinical and pre-clinical cancer prevention science.

Background and Rationale. Clinical research is fundamental to the practice of cancer prevention. Over the past decades, with advances in the basic sciences, innovations in bioengineering, and findings from epidemiologic studies, the multidisciplinary field of cancer prevention has flourished. Through clinical research, the application of these discoveries has led to the identification of effective chemopreventive agents, novel early detection technologies, and recognition of individuals at high risk of developing cancer. Additionally, clinical intervention trials, as exemplified in the nutritional and behavioral sciences, have yielded successful cancer prevention strategies.

The design, implementation, analysis, and interpretation of clinical prevention studies is a research area for which few clinicians are adequately trained. The opportunity now exists within the CPFP for postdoctoral clinicians, including physicians, nurses, psychologists, and pharmacists, to combine formal training in clinical research methodology with their clinical acumen and interest in cancer prevention.

Research Opportunities. General categories of research topics include:

- Behavioral intervention research
- Biomarker development
- Clinical studies in high-risk populations
- Clinical trials of chemopreventive agents
- Design and analysis of prevention trials
- Epidemiology
- Evaluation and outcomes research of clinical prevention practices
- Health disparities and special populations research
- Laboratory-based research
- Nutritional intervention studies
- Screening and early detection trials
- Studies of genetic susceptibility and cancer

“The CPFP made a huge impact on my professional career. I was trained as a medical oncologist but had limited exposure to science, except as an observer or an investigative team member. The CPFP introduced me to the ideas of cancer chemoprevention, many of the leading scientists working in the area, and gave me the opportunity to develop and test ideas that had the potential to transform cancer prevention from a conceptual theory into a greater element of clinical practice.”

Ernest T. Hawk, M.D., M.P.H.
Fellow Alumnus, University of Texas, MD Anderson Cancer Center, Houston, TX
Master in Clinical Investigation

Fellows pursuing clinical cancer prevention research may elect to obtain a master’s degree in clinical investigation (M.S.) in lieu of an M.P.H.

Once accepted into the CPFP, each fellow is responsible for arranging admission to an accredited university offering a master’s program that can be completed in 12 months or less. The NCI will pay tuition, fees, book allowance, and fellow’s stipend during this year. It is expected that all master’s degree requirements will be completed by the start of the NCI Summer Curriculum in Cancer Prevention.

Located below are some of the accredited institutions currently offering a one-year master’s program in clinical investigation (as of March 2017). Individuals wishing to attend an institution not listed below should contact the CPFP staff prior to application to the master’s degree program. It is the responsibility of each fellow to ensure that the master’s degree training can be completed within the one-year time frame.

Columbia University Mailman School of Public Health
M.S. in Biostatistics:
Clinical Research Methods Track

Harvard T.H. Chan School of Public Health
M.P.H. in Clinical Effectiveness

The Dartmouth Institute for Health Policy & Clinical Practice
M.S. in Healthcare Research

The Johns Hopkins Schools of Medicine and Bloomberg School of Public Health
M.H.S. in Clinical Investigation

University of Virginia
M.S. in Clinical Research

“The program gave me another dimension in my understanding of cancer care. Before the fellowship, I thought that the only way to help people, being a doctor, was through a direct person-to-person consultation in a clinic or hospital. I thought that direct care was my only camino (way). But through the fellowship and Masters in Public Health training, I saw there were many different avenues in the arena of cancer and public health that I could choose from to develop my career in cancer prevention.”

Elmer Huerta, M.D., M.P.H.
Fellow Alumnus, Cancer Preventorium, Washington Cancer Institute at MedStar
Washington Hospital Center, Washington, DC
NCI Summer Curriculum in Cancer Prevention

PRINCIPLES AND PRACTICE OF CANCER PREVENTION AND CONTROL COURSE

All Cancer Prevention Fellows are required to attend the NCI Summer Curriculum in Cancer Prevention during their first full summer at NCI. These two courses are also open to the general scientific community worldwide.

This four-week summer course provides specialized instruction in the principles and practice of cancer prevention and control. It focuses on concepts, methods, issues, and applications related to this field. Participants will gain a broad-based perspective in terms of available resources, scientific data, and quantitative and qualitative methods. The following topics are examples of possible course modules:

- Cancer Control and Planning
- Cancer Screening
- Cancer Risk Prediction
- Global Cancer Prevention
- Epidemiology, Prevention, and Control of Site-Specific Tumors
- Chemoprevention and Immunoprevention
- Behavioral Science and Community Interventions
- Health Disparities and Cancer Prevention in Diverse Populations
- Cancer Survivorship
- Dissemination and Implementation Science

MOLECULAR PREVENTION COURSE

This one-week course on molecular aspects of cancer prevention follows the Principles and Practice of Cancer Prevention and Control course. It provides a strong background in the molecular biology and genetics of cancer and an overview of basic laboratory approaches applied to cutting-edge research in the fields of molecular epidemiology, chemoprevention, biomarkers, and translational research. The following topics are examples of possible course presentations:

- An Overview of Carcinogenesis
- Cancer from a Biosystem Perspective
- Oncogenes, Tumor Suppressor Genes, and Other Cancer-Related Genes
- Translational Genomics
- Molecular Pathology and Tumor Subtypes
- Microbiome
- Epigenetics
- Telomeres
- Metabolomics
- Radiomics
- Immunoprevention
- The Application of Molecular Markers in Population Studies
- Bioinformatics Tools for Multi-omic Data

2016 Annual Advances Keynote Speaker
Dr. Mary L. (Nora) Disis, M.D.
University of Washington School of Medicine
Annual Advances in Cancer Prevention Lecture. A special keynote lecture became part of the NCI Summer Curriculum in Cancer Prevention in 2000. The lecture is usually held the last week of July on the main campus of the National Institutes of Health, Bethesda, Maryland. The keynote speaker, date, and time will be announced on our website.

In 2016, Mary L. (Nora) Disis, M.D., an Athena Distinguished Professor of Breast Cancer Research with posts as Professor of Medicine and Associate Dean for Translational Health Sciences at the University of Washington School of Medicine, presented “Polyvalent Vaccines Targeting Oncogenic Driver Pathways.”

In 2015, Douglas R. Lowy, M.D., Acting Director of the National Cancer Institute, presented “HPV Vaccination: Preventing More with Less.”

In 2014, John P. Pierce, Ph.D., a professor in the Department of Family and Preventive Medicine at the University of California, San Diego and Director of Population Science at Moores Cancer Center, presented “How Do You Motivate Long-Term Behavior Change to Prevent Cancer?”

In 2013, Diana Petitti, M.D., M.P.H, F.A.C.P.M., an epidemiologic expert on women’s health and evidence based medicine, with posts as vice chair and spokesperson for the U.S. Preventive Service Task Force, presented “Screening Mammography: Science, Policy and Politics—The Good, the Bad and the Ugly.”

In 2012, Walter C. Willett, M.D., Chair of the Department of Nutrition at the Harvard School of Public Health, presented “Diet and Cancer: The Fourth Paradigm.”

In 2011, Judith Mackay, MBChB, FRCP (Edin), FRCP (Lon), an international expert from Hong Kong in tobacco control, with posts as a senior advisor for the World Lung Foundation and the Bloomberg Initiative to Reduce Tobacco Use, presented “Cancer Control: A Look to the Future.”

In 2010, Andrea De Censi, M.D., Director of the Division of Medical Oncology, E.O. Ospedali Galliera Genova, Italy presented “Cancer Prevention Therapy: Accomplishments And Challenges.”

In 2009, Olufunmilayo F. Olopade M.D., F.A.C.P, Professor of Medicine and Human Genetics and Director of the Cancer Risk Clinic Department of Medicine BSD Section of Hematology/ Oncology University of Chicago presented “Clinical Cancer Genetics and Prevention.”

In 2008, Patricia Ganz, M.D., Professor of Health Services in the School of Public Health, Professor of Medicine in the David Geffen School of Medicine at UCLA and Vice Chair of the Department of Health Services, Los Angeles, CA, presented, “Cancer Survivors: Charting an Agenda for Research, Treatment, and Quality of Care.”

In 2007, Barnett S. Kramer, M.D., M.P.H., Director of Cancer Prevention, National Cancer Institute, presented “Cancer Prevention: Distinguishing Strength of Evidence from Strength of Opinion.”

In 2006, Frank L. Meyskens, Jr., M.D., Professor of Medicine and Biological Chemistry; Director, Chao Family Comprehensive Cancer Center; Senior Associate Dean of Health Sciences, University of California, Irvine, CA, presented “The Promises and Perils of Clinical Chemoprevention: 1980–2030.”

In 2005, John Potter, M.B.B.S., Ph.D., Senior Vice President and Division Director, Fred Hutchinson Cancer Research Center, Seattle, WA, presented “What We Know and Don’t Know About Colorectal Neoplasia.”

In 2004, Waun Ki Hong, M.D., American Cancer Society Professor; Samsung Distinguished University Chair in Cancer Medicine at the University of Texas MD Anderson Cancer Center, Houston, TX, presented “Convergence of Molecular Targets for Cancer Prevention and Therapy.”
The Faculty. The faculty consists of approximately 85 leading scientists from the NCI, the National Institutes of Health, and other institutions. For additional details, the most recent course syllabus can be downloaded from our website: cpf.cancer.gov/curriculum/index.

Eligibility. Both courses are open to physicians, scientists, other health professionals, fellows, and students who have an interest in cancer prevention and control. Individuals from cancer centers, universities, health departments, industry, government agencies, and others from across the United States and from around the world have previously attended.

Recommended prerequisites are courses or experience in epidemiology, biostatistics, and cancer biology. Preference is given to individuals with a doctoral degree and/or relevant experience in cancer prevention and control. There is no cost to register or to participate in either course. Room, board, and transportation expenses are the responsibility of the participant. The NCI Center for Global Health (CGH) has a limited amount of funding available for individuals from low- and middle-income countries countries who are selected to attend the courses. International participants interested in financial support should contact CGH directly at NCIGlobalHealth@mail.nih.gov.

Dates/ Times/ Location. The Principles and Practice of Cancer Prevention and Control course is held in July. The Molecular Prevention course is held in early August. For more details, visit our website: cpf.cancer.gov/summer-curriculum/locations-contacts.

Both courses will be held in Bethesda or Rockville, Maryland. Lectures are usually scheduled Monday through Friday, from 9:30 a.m. to 3:30 p.m. (lecture times may vary year to year).

Registration. Online applications for the summer course are accepted from November through February (deadlines may differ for domestic and international applicants; see cpf.cancer.gov/curriculum/index). Space is limited. Preference is given to individuals with a doctoral degree or relevant experience in cancer prevention and control. Acceptance into the Cancer Prevention Fellowship Program is not necessary to attend either course.

To register, please complete the online application on our website at application.cpf.cancer.gov. Applicants must provide:

- Curriculum vitae (include complete work address, telephone, fax, and e-mail)
- Letter stating your proficiency in written and spoken English and a photocopy of most recent degree (for international participants only)
- Letter of nomination from the director of your institute or department

Applicants will be notified of their status after all materials have been received and reviewed.
International Applicants. Individuals currently engaged in public health programs from across the globe are encouraged to apply to attend the NCI Summer Curriculum. A limited amount of financial support may be available for select meritorious applications. Applicants must include letters of support from home institutions, academic or ministerial, indicating commitment to research and continued engagement in cancer control activities. For certain international applicants, limited funding for living expenses may be available from NCI’s Center for Global Health. Please contact NCI Center for Global Health for more information:

Telephone: (240) 276-5812
Email: NCIGlobalHealth@mail.nih.gov
Website: [www.cancer.gov/about-nci/organization/cgh](http://www.cancer.gov/about-nci/organization/cgh)

Contact Information:
Program Coordinator
NCI Summer Curriculum in Cancer Prevention
9609 Medical Center Dr.
MSC 9712
Bethesda, MD 20892-9712
Telephone (240) 276-5626
Fax (240) 276-7883
E-mail ncisummercurriculum@mail.nih.gov

For further information, please visit our website [cpfp.cancer.gov](http://cpfp.cancer.gov) and click on the Summer Curriculum tab.

If you are a person with a disability and require any assistive device, services, or other reasonable accommodation to participate in these activities, please contact the CPFP Office at (240) 276-5626 at least one week in advance of the lecture date to discuss your needs.

Nicki de Zeeuw, R.N., C.N.S.
Tallaght Hospital
Dublin, Republic of Ireland

“Attending the NCI summer course on the Principles of Cancer Prevention and Control was a special experience for me. The course was extremely professional and yet at the same time very relaxed. Course participants from all over the world and across all the disciplines involved with cancer were able to meet each other in a friendly, stimulating environment. Regardless of country or culture, participants were encouraged to ask questions and share opinions; much was learned by all. I was updated on all current research in cancer prevention/control as well as receiving refreshers on recent advances in all the common cancer sites.

In spite of the fact that I am not a researcher, I am involved with caring for patients who have had cancer and desperately want to know how they can best protect themselves and their families going forward. I am also part of a multidisciplinary, hospital based team. I have not only enjoyed the course but also feel it has been highly relevant to my current practice. I would also now feel confident in being part of any public health research/initiatives in Ireland and I hope to have that opportunity in the near future. I would recommend this course to anyone involved in cancer care, treatment, or research.”
Other Program Components

MOLECULAR PREVENTION LABORATORY COURSE

Along with participation in the Summer Curriculum in Cancer Prevention, all fellows at the NCI take part in the Molecular Prevention Laboratory course, a hands-on laboratory experience that is open only to Cancer Prevention Fellows. The course provides fellows, especially those with limited laboratory experience, tangible reference points for understanding laboratory applications commonly used in cancer prevention research. The course consists of brief explanatory lectures interwoven with laboratory demonstrations. Each exercise is designed to provide instruction in laboratory techniques that are frequently referenced in the Summer Curriculum in Cancer Prevention lectures.

ANNUAL CANCER PREVENTION FELLOWS’ SCIENTIFIC SYMPOSIUM

In September 2002, the CPFP held its First Annual Cancer Prevention Fellows’ Scientific Symposium. This inaugural event set the stage for the subsequent yearly symposia held each fall just prior to the start of the Cancer Prevention and Control Colloquia Series. The Symposium is an occasion to bring together the senior fellows, those fellows who have recently arrived at the NCI, and the CPFP staff for a day of scientific exchange in the area of cancer prevention. The event provides an opportunity for fellows to discuss their projects, ideas, and potential future collaborations. Fellows spearhead the planning of the Symposium, including the development of the program agenda and special workshops, and the selection of invited speakers.

FELLOWS’ RESEARCH MEETINGS

Between September and June, Cancer Prevention Fellows and CPFP scientific staff meet weekly for a Fellows’ Research Meeting. These meetings provide a forum for fellows to formally present their research to a multidisciplinary audience. This also is an opportunity for fellows and staff to learn about prevention research ongoing at the NCI in diverse scientific fields. Fellows’ preceptors and invited guests are welcome to attend.

CANCER PREVENTION AND CONTROL COLLOQUIA SERIES

Following the Fellows’ Research Meeting, fellows attend the Cancer Prevention and Control Colloquia Series. These seminars feature leading scientists in the field of cancer prevention and control. Each fellow has the opportunity to invite prominent investigators in his/her discipline to present at these NCI-sponsored lectures.
GRANTS AND GRANTSMSHIP WORKSHOP

The CPFP provides formal training in grant writing through a Grants and Grantsmanship Workshop offered each year. In addition to providing didactic and practical experiences in the grants process, a major goal of the workshop is to facilitate successful applications for research funds for all interested fellows. This training is designed to prepare each fellow for a critical next step in his or her career in which demonstrated ability to develop and organize ideas into a well-written proposal can be a major determinant in hiring and promotion decisions. Since the Grants and Grantsmanship Workshop was first offered in January 2000, CPFP fellows have successfully competed for peer-reviewed grants, including NCI Intramural Research Awards, Department of Defense Research Program grants, private foundation grants, NCI K07, K22, and K99/R00 Career Development Awards, and other NIH research grants.

PRESENTATION SKILLS COURSE

In order to improve communication and presentation skills of Cancer Prevention Fellows, we provide formal public speaking training. This four-day workshop is offered each fall or winter. Didactic instruction addresses the parts and structure of a scientific presentation, systematic approaches to presentation preparation, critical techniques for clear delivery, and ways to respond to audience questions. The workshop includes individual skill assessment, coaching, and evaluation of fellows’ progress through both peer and instructor feedback.

“I cannot speak highly enough about the post-doctoral training experience in the Cancer Prevention Fellowship Program at NCI. This program has given me the opportunity to expand my research interests in pediatric energy balance behaviors in ways that I never thought possible. The immense resources, flexibility to design my own research agenda, and opportunities for transdisciplinary collaboration have made it possible for me to pursue population-based research and conduct my own laboratory-based behavioral research study at NIH. The research experiences and collaborations that I built during this time will continue to influence and strengthen my future research.”

Britni Belcher, Ph.D., M.P.H. Fellow Alumna, University of Southern California, Los Angeles, CA

“The CPFP has made a huge impact on my professional development. One of my favorite training opportunities was the presentation skills course. The practice delivering scientific talks in front of my peers greatly enhanced my presentation skills. The CPFP presentation skills course is the best workshop on scientific presentations I have ever attended.”

Dudith (Didie) Pierre-Victor, Ph.D., M.P.H. Current Fellow, Cancer Prevention Fellowship Program
LEADERSHIP AND PROFESSIONAL DEVELOPMENT TRAINING

The foundation for success in the field of cancer prevention consists of leadership skills, professional excellence, and mastery of one’s scientific discipline. Within the CPFP, our goal is to help fellows maximize their individual potential for leadership and scientific contribution to the field of cancer prevention.

In addition to seminars, workshops and mentoring in professional development, CPFP provides a formal structured Leadership and Management Training Series to meet the individual needs of fellows. These activities are designed to prepare individuals for the transition from postdoctoral fellows to successful, independent scientists and professionals in cancer prevention. Leadership and professional development activities include:

Leadership and Management Skills
- Identifying personal strengths and values
- Setting goals, planning priorities, and managing time
- Team building
- Managing others
- Effective communication
- Leadership skills

Career Transition Skills
- Interviewing and negotiating
- Networking
- CV Writing

Self-care Skills
- Work-life balance
- Mindfulness
- Stress-reduction

The professional development activities are organized to address the needs of fellows at the beginning, middle, and end of the fellowship. In addition to those highlighted above, new activities are continuously being developed to further expand the portfolio of professional development training.

ADDITIONAL TRAINING

Fellows may also participate in academic courses in subject areas relevant to cancer prevention and control. These courses are typically offered by schools of public health, departments of preventive medicine and epidemiology, the federal government, and other organizations. Such training will be considered in cases where regulations permit and where the learning experience is expected to significantly enhance the trainee’s research capabilities.

FIELD EXPERIENCES

Fellows may choose to pursue field experiences at institutions outside the NIH that are currently engaged in cancer prevention research, cancer surveillance, cancer control applications, or other related activities. These experiences, usually at local institutions, are typically brief and require prior approval by the CPFP.

“Coming from a basic science background, this fellowship has given me a tremendous opportunity to apply my knowledge and integrate it into the world of cancer epidemiology. I have met people and participated in projects that I never would have thought of before.”

Shakira Nelson, Ph.D., M.P.H.
Current Fellow, Cancer Prevention Fellowship Program
Program Information

Eligibility

To be considered for the CPFP, you must meet the following eligibility requirements:

**DOCTORAL DEGREE**
You must possess an M.D., Ph.D., J.D., or other doctoral degree in a related discipline (e.g., basic science, epidemiology, health services research, medicine, behavioral science, nursing, social science, nutrition, health education/health promotion, law, dentistry, statistics, geography, exercise science, or engineering). Foreign education must be comparable to that received in the United States.

Applicants currently enrolled in accredited doctoral degree programs who have not yet fulfilled all degree requirements are welcome to apply, with the understanding that all degree requirements will be completed before the start of the CPFP. Assurance to this effect must be supplied in writing by the chair of the applicant’s dissertation committee (e.g., Ph.D. candidates) or the dean of the school (e.g., M.D. candidates).

Applicants must have less than five years of relevant postdoctoral research experience at the time of appointment.

**CITIZENSHIP**
You must be a citizen or permanent resident of the United States at the time of application (August 25). The I-551 stamp in a passport is acceptable; “Employment Authorization” documents are not acceptable.

Applicants applying through the Ireland-Northern Ireland-NCI Cancer Consortium should refer to the *Ireland-Northern Ireland-NCI Cancer Consortium* section for guidelines.
**Stipends and Benefits**

**Stipends.** Each stipend will be determined by the individual's degree and years of relevant postdoctoral experience. Stipend levels increase with the number of years of postdoctoral experience. Annual increases may be given. Competitive allowances may be given for experience in specialty areas that include biostatistics, epidemiology, and mathematics. Stipends are subject to change depending on federal guidelines and funding availability.

**Health Insurance and Leave.** Fellows will receive individual or family health insurance and paid federal holidays, annual leave, sick leave, and family leave.

**Travel and Relocation.** The NCI may cover the cost of relocation expenses up to a maximum of $3,000 (i.e., travel, shipment of household goods, and temporary storage, if necessary) for the fellow and his/her dependents for one move to the area where M.P.H. training will be pursued or to the Rockville, Maryland area. Reimbursement will be in accordance with prevailing government regulations. No return travel is authorized.

Expenses are provided for travel to scientific meetings and training each year for each fellow, excluding the MPH year, based on funding availability.

**Selection and Interview**

Complete applications submitted by eligible candidates by the application deadline will be reviewed by members of the CPFP Scientific Education Committee. This Committee is comprised of scientists from different divisions within the NCI, the FDA, and an ad hoc member from outside the NCI with expertise in the field of cancer prevention and control. Those applicants judged to be highly qualified will be notified and invited for a one-day interview. The interviews will be held in October in Rockville, Maryland. Applicants will be notified of their status shortly thereafter.

**Start and Duration of Appointment**

**Start of Appointment.** Fellow contracts typically start in June. All fellows entering the program are expected to attend the CPFP Orientation in Rockville, Maryland, which is held in June.

**Duration of Appointment.** The CPFP provides funding for up to four years of postdoctoral training. This includes the M.P.H. year for fellows who need to pursue M.P.H. training as part of the CPFP. Fellow contracts are renewed on a yearly basis. All renewals are contingent upon performance and total duration of fellowship stay at the NIH, which cannot exceed 5 years for a non-tenured appointment nor exceed 8 years for any type of doctoral-level position.
Guidelines for Application

Application Materials

The following application materials are required, as described below:

**Personal Statement of Research Goals.** In narrative form, describe your research interests and goals and how these relate to the field of cancer prevention and control. Please also provide insight into your short- and long-term career goals, and explain how the CPFP will help you in achieving those goals. Limit your personal statement to two typed, single-spaced pages and use 12-point font and 1 inch margins.

**Curriculum Vitae.** Please refer to Information to Include in Curriculum Vitae in this section.

**Letters of Reference.** Four current and original letters of reference must be submitted by individuals in the scientific/academic community who have knowledge of your scientific accomplishments, motivation, skills, and potential for leadership. These letters must be requested through our secure application website. Letters must be received by 11:59 PM (U.S. Eastern Daylight time) on August 31.

**Academic Transcripts.** Unofficial copies of all graduate and undergraduate transcripts (and translations, if applicable) must be uploaded directly to the CPFP website.

**Other Documentation.** Permanent residents of the United States must submit proof of eligibility for citizenship. The I-551 stamp in a passport is acceptable; “Employment Authorization” documents are not acceptable.

Individuals applying through the Ireland-Northern Ireland-NCI Cancer Consortium must submit proof of citizenship (birth certificate or passport) and proof of employment (refer to Ireland-Northern Ireland-NCI Cancer Consortium section).
Information to Include in *Curriculum Vitae*

• Applicants are encouraged to use their current curriculum vitae and to add any necessary information.
• Please include your name and a page number on each page of the curriculum vitae.
• Some of the information requested below will not be applicable to all individuals.

**Date Prepared**

**Personal Information**

• Name (first middle last)
• Gender (*optional*)
• Race (*optional*)
• Date of birth
• Place of birth (city, state, country)
• Home address
• Work/school address
• Telephone (if more than one telephone number is provided, please indicate preferred contact)
• Fax
• E-mail (if more than one e-mail address is provided, please indicate preferred contact)

**Citizenship**

• Country of citizenship
• U.S. permanent resident number, if applicable
• *Individuals applying through the Ireland-Northern Ireland-NCI Cancer Consortium:* Please indicate citizenship, country where currently employed, and application tracking number (refer to website for details)

**Education** *Please list all colleges and universities attended and any other relevant training. Include the following information for each institution:*

• School, department, city and state, country
• Dates attended, academic major, degree, year degree awarded/expected

**Work Experience** *Please list current and past employment. Include the following information for each position:*

• Title, employer’s name, address, and telephone
• Dates of employment, hours per week
• Brief description of duties and accomplishments

**Other Information** *Please note that the items requested below may not be relevant to all applicants.*

• Board certification
• Committee memberships
• Grants awarded
• Honors and awards
• Patents
• Peer-review service
• Professional licenses
• Professional society memberships
• Scientific presentations (distinguish poster and oral)
• Teaching

**Research Interests** *Please provide a few key words that describe your research interests.*

**Bibliography** *Please list all publications and indicate whether they are “published,” “in press,” “submitted,” or “in preparation.” Please list full-length manuscripts and abstracts separately.*
How to Submit Application Materials

If you are interested in applying to the CPFP and meet the eligibility requirements (refer to Eligibility section), you must submit your application online through our website.

APPLYING ONLINE

Personal Statement of Research Goals and Curriculum Vitae. Please access the CPFP application on our website and link to the Application page. You will be asked to create a personal account that only you can access through a unique user name and password. You will then be requested to provide some general information and to upload your Personal Statement of Research Goals and Curriculum Vitae. Information entered online can be saved as the application is completed and edited up until you submit the application. The application must be submitted on or before August 25.

Letters of Reference, Academic Transcripts, and Other Documentation. Four current and original letters of reference must be submitted by individuals in the scientific/academic community who have knowledge of your scientific accomplishments, motivation, skills, and potential for leadership. These letters must be requested through our secure application website. Letters must be received by 11:59 PM (U.S. Eastern Daylight time) on August 31.

Direct further inquiries to:
Program Coordinator
Telephone   (240) 276-5626
Fax       (240) 276-7883
E-mail      cpfpcoordinator@mail.nih.gov
            cpfp.cancer.gov

Selection for these positions will be based solely on merit, with no discrimination for non-merit reasons, such as race, color, gender, national origin, age, religion, sexual orientation, or physical or mental disability. NIH provides reasonable accommodations to applicants with disabilities. If you need reasonable accommodation during any part of the application and hiring process, please notify us. The decision on granting reasonable accommodation will be handled on a case-by-case basis.

THE NIH/NCI IS AN EQUAL OPPORTUNITY EMPLOYER

Application Deadline
August 25
Preceptorships

The major activity for Cancer Prevention Fellows is mentored research. All fellows are expected to develop original scientific projects and to report their findings at scientific meetings and in leading journals. Preceptors who serve to guide and enrich each fellow’s experience are selected from skilled investigators across all NCI divisions, participating FDA centers, or local academic institutions. To date, more than 100 NCI staff members have served as preceptors.
Preceptorships are selected through a matching process guided by the fellow. During their first summer onsite at NCI, fellows spend time meeting with potential preceptors. A mutual agreement is reached between the preceptor and the fellow on the research that will be completed during the fellowship. A research proposal for the initial project is then prepared for approval by the preceptor and the CPFP scientific staff. Whereas the CPFP has all administrative responsibility for each fellow, the preceptor provides scientific supervision. Preceptors are responsible for arranging for office space, supplies, and equipment; encouraging presentations and publications at local and national meetings; and providing supplemental travel funds for research-related activities.

Following are some of the NCI divisions, programs, laboratories, branches, and offices from which Cancer Prevention Fellows may select their preceptors. A listing of preceptors from the FDA is available on the website, iotftraining.nci.nih.gov/prevent.html—NCI-FDA Joint Training in Cancer Prevention.

**Division of Cancer Prevention**

The Division of Cancer Prevention's (DCP) mission is to plan, direct, implement, and monitor cancer research and training that is focused on early detection, cancer risk, chemoprevention, and supportive care. DCP projects address the need to identify where a person is in the process of carcinogenesis, and to determine ways to actively intervene to stop it from becoming invasive cancer. Varied approaches are supported, from pre-clinical discovery and development of biomarkers and chemoprevention agents, including pharmaceuticals and micronutrients, to Phase III clinical testing. Programs are harmonized with other NCI divisions, NIH institutes, and federal and state agencies. Additional information can be found at prevention.cancer.gov.

*Director:* Barnett S. Kramer, M.D.

**FOUNDATIONS OF PREVENTION RESEARCH GROUPS**

The Biometry Research Group engages in independent and cooperative research studies on cancer epidemiology, prevention, screening, and diagnosis using methods of mathematical and analytic statistics. In addition, the BRG conducts independent and collaborative studies in biostatistical and epidemiologic methodology and in mathematical modeling of processes relevant to cancer prevention activities.

*Chief:* Victor Kipnis, Ph.D.

The Cancer Biomarkers Research Group promotes and supports research to identify, develop, and validate biological markers for earlier cancer detection and risk assessment. The group integrates basic and clinical science studies along with computational, statistical, and epidemiologic approaches, for a comprehensive understanding of biomarkers. It coordinates the Early Detection Research Network.

*Chief:* Sudhir Srivastava, Ph.D., M.P.H.

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“Most of the positive experiences and opportunities I have had during my career have been because I have had great mentorship, both from mentors directly involved in my research but also from mentors outside of my research area. Having transitioned through the Fellowship, it’s very exciting to get the opportunity to work with Cancer Prevention Fellows coming through the Program. Each Cancer Prevention Fellow with whom I have mentored has greatly influenced my research and contributed to the direction of my research program. Cancer Prevention Fellows are always full of energy and ideas, and it’s rewarding to be able to be a part of their growth and development as independent researchers.”

Gretchen Gierach, Ph.D., M.P.H.
Preceptor, Metabolic Epidemiology Branch, Division of Cancer Epidemiology & Genetics, NCI

Sudhir Srivastava, Ph.D., M.P.H.
Preceptor, Nutritional Science Research Group, Division of Cancer Prevention, NCI
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The **Chemopreventive Agent Development Research Group** conducts research to identify and develop agents to prevent, reverse, or delay early, preinvasive cancer. Activities include preclinical efficacy and safety testing; development of animal models; development of markers for agent mechanisms of action and effects in carcinogenesis; clinical Phase 1 safety, pharmacokinetic, and dose ranging studies; and preparation of Investigational New Drug applications to the FDA.

*Chief:* Robert Shoemaker, Ph.D.

The **Community Oncology and Prevention Trials Research Group** develops programs to improve clinical oncology in community settings, and coordinates community oncology program activities with other NCI programs. Research areas include psychosocial and physical rehabilitation, management of cancer pain, supportive care for patients and families, impact of cancer control programs on the community, preliminary Phase II cancer control studies, and large scale Phase III prevention agent studies.

*Chief:* Worta McCaskill Stevens, M.D., M.S.

The **Early Detection Research Group** identifies and ascertains the effectiveness of both the operating characteristics and the impacts on mortality, and the immediate and downstream risks of molecular and imaging cancer detection technologies and practices. It systematically assesses the value of cancer screening and early detection tests and technologies by establishing their ability to reduce cancer mortality.

*Chief:* Paul Pinsky, Ph.D.

The **Nutritional Science Research Group** plans, develops, directs, and coordinates external research programs in diet and nutrition, including micronutrients as modifiers of cancer risk and tumor behavior, to help establish a comprehensive understanding of the precise role of bioactive food components. Projects focus on determining how specific genes or molecular targets are influenced by either essential or non-essential nutrients. Research is aimed at identifying people who will benefit, and people who might be placed at risk from dietary intervention strategies.

*Acting Chief:* Harold Seifried, Ph.D.

**Worta McCaskill Stevens, M.D., M.S.**
Preceptor, Community Oncology and Prevention Trials Research Group, Division of Cancer Prevention, NCI

**Sharon Ross, Ph.D., M.P.H.**
Preceptor, Nutritional Science Research Group, Division of Cancer Prevention, NCI
ORGAN SYSTEMS RESEARCH GROUPS

The efforts of the Breast and Gynecologic Cancer Research Group are specifically directed at reducing the incidence, morbidity, and mortality of breast and gynecologic cancers. This is accomplished through planning, supporting, and conducting research and clinical trials that develop interventions for risk assessment, screening, early detection, and prevention of breast and gynecologic cancers.

*Acting Chief*: Brandy Heckman-Stoddard, Ph.D., M.P.H.

The primary mission of the Gastrointestinal and Other Cancer Research Group is to improve the public’s health by preventing gastrointestinal, dermatologic, endocrine, hematolymphoid, and treatment-induced malignancies. Staff collaborate with the public, academia, industry, and regulatory agencies to better identify persons at risk for cancer, and to develop novel interventions that reverse or retard carcinogenesis. The group investigates mechanisms of promising investigational agents and delivery systems that target preneoplasia.

*Chief*: Asad Umar, D.V.M., Ph.D.

The Lung and Upper Aerodigestive Cancer Research Group promotes and supports research targeting the early detection and prevention of cancer arising within the lung and upper aerodigestive tract. Collaborative research is conducted with extramural and intramural NCI staff, with emphasis on Phase II clinical trials of novel chemopreventive agents in individuals at high risk for cancers at these sites. Optimization of trial design, identification/validation of surrogate endpoint biomarkers, and integration of new imaging modalities into chemoprevention trials are ongoing research priorities.

*Chief*: Eva Szabo, M.D.

The Prostate and Urologic Cancer Research Group promotes and supports extramural basic and applied research that focuses on the prevention of prostate and urologic cancers. The group plans, develops, implements, and monitors chemoprevention clinical trials that employ pharmacologic, biologic, genetic, immunologic, and vaccine interventions. The overall goal is to evaluate and validate new technologies that identify premalignant lesions, and to develop novel chemopreventive agents to reduce cancer incidence.

*Chief*: Howard Parnes, M.D.
Division of Cancer Control and Population Sciences

As NCI’s bridge to public health research, practice, and policy, the Division of Cancer Control and Population Sciences (DCCPS) plays a unique role in reducing the burden of cancer in America. DCCPS, an extramural division, has the lead responsibility at NCI for supporting research in surveillance, epidemiology, health services, behavioral science, and cancer survivorship. The division also plays a central role within the federal government as a source of expertise and evidence on issues such as the quality of cancer care, the economic burden of cancer, geographic information systems, statistical methods, communication science, comparative effectiveness research, obesity and tobacco control, and the translation of research into practice. As a result, DCCPS is what many have referred to as a “hybrid” division — one that funds a large portfolio of grants and contracts, but also conducts original research to inform public health policy.

The diverse science funded and conducted by DCCPS is characterized by the varied and complex expertise and backgrounds of the division’s scientific staff. Given the focus on cancer control, it comes as no surprise that the disciplines of epidemiology and biostatistics are well represented. In addition, DCCPS has made a special effort to recruit experts in disciplines such as communication, anthropology, outcomes research, psychometrics, medical genetics, health psychology, economics, social work, policy analysis, geography, and family medicine—all disciplines that have been historically underrepresented at NCI. This reflects an overarching philosophy of science that guides the division’s planning and priority setting: the belief that scientific progress in the 21st century will depend on the transdisciplinary integration of research methods, models, and levels of analysis.

OFFICE OF THE DIRECTOR

The Division of Cancer Control and Population Sciences (DCCPS) aims to reduce the risk, incidence, and deaths from cancer, as well as enhance the quality of life for cancer survivors. It conducts and supports an integrated program of the highest quality in cancer genomic, epidemiologic, behavioral, social, health care delivery, and surveillance research. The division’s funded research aims to understand the causes and distribution of cancer in populations, to support the development and implementation of effective interventions, and to monitor and explain cancer trends in all segments of the population. Further information can be found at cancercontrol.cancer.gov.

Director: Robert T. Croyle, Ph.D.

The mission of the Implementation Science (IS) team is to build and advance the field of IS by integrating new knowledge across clinical and public health research, practice, and policy. The IS team and website provide valuable resources to build the science of implementation; develop ongoing training networks to build capacity to conduct dissemination and implementation research and practice; and disseminate knowledge gained from cancer control research by establishing robust partnerships between researchers and practitioners.

The three key priority areas of the team are (1) building the science of Implementation Science; (2) the development of ongoing training networks; and (3) establishing robust partnerships.

Deputy Director: David Chambers, D.Phil.
HEALTHCARE DELIVERY RESEARCH PROGRAM

The Healthcare Delivery Research Program (HDRP) is conceptualized as the study of cancer care, factors influencing care, and outcomes of care. Cancer care refers to medical services offered across the cancer continuum, such as screening individuals not known to have cancer; treating cancer patients; following cancer survivors for recurrence; and providing psychosocial support at the end of life for patients and their caregivers.

Understanding the many factors that influence care, and how they act and interact, is an essential component of health care delivery research supported by NCI. The knowledge generated from this research can be used to design and test interventions that will promote patient-centered, evidence-based care.

Associate Director: Paul Jacobsen, Ph.D.

The Healthcare Assessment Research Branch (HARB) supports, conducts, and coordinates research on the use and dissemination of effective cancer-related health care delivery in community practice. The branch studies demographic, social, economic, and health system factors as they relate to providing preventive, screening, diagnostic, treatment, and palliative services for cancer. The ultimate purpose of this research is to improve cancer outcomes, reduce cancer-related health disparities, and reduce the burden of cancer to patients, their families, and society.

Acting Chief: Paul Doria-Rose, D.V.M., Ph.D.

The Health Systems and Interventions Research Branch (HSIRB) advances observational and intervention research on structural, organizational, social, and behavioral factors that influence the delivery of cancer care – from early detection through end of life.

Chief: Sarah Kobrin, Ph.D., M.PH.

The Outcomes Research Branch (ORB) conducts, coordinates, and sponsors research to measure, evaluate, and improve patient-centered outcomes of cancer care delivery across the cancer care continuum. The branch is particularly interested in morbidity and mortality outcomes, patient symptoms and health-related quality of life (HRQOL), patient experience of and satisfaction with health care, and social consequences of cancer care.

Chief: Ashley Wilder Smith, Ph.D., M.PH.

BEHAVIORAL RESEARCH PROGRAM

The Behavioral Research Program (BRP) initiates, supports, and evaluates a comprehensive program of research ranging from basic behavioral research to the development, testing, and dissemination of interventions in areas such as tobacco use, screening, dietary behavior, and sun protection. BRP’s goal is to increase the breadth, depth, and quality of behavioral research in cancer prevention and control. BRP pursues this goal through five branches that fund and conduct behavioral research across the cancer continuum.

Associate Director: William Klein, Ph.D.

The Basic Biobehavioral and Psychological Sciences Branch (BBPSB) advances research in biobehavioral mechanisms and psychological processes to reduce cancer risk and improve outcomes. The BBPSB research agenda includes, but is not limited to, basic mechanisms of cognition, emotion, judgment, and decision making; biological mechanisms of psychosocial influences on cancer biology and outcomes; and methodology and measurement of basic psychological, cognitive, and affective processes.

Chief: Paige Green, Ph.D., M.PH.

The Health Systems and Interventions Research Branch (HSIRB) advances observational and intervention research on structural, organizational, social, and behavioral factors that influence the delivery of cancer care – from early detection through end of life.
The Epidemiology and Genomics Research Program (EGRP) is the largest funder of etiologic cancer epidemiology grants nationally and worldwide. EGRP’s mission is to increase understanding of the determinants of cancer occurrence and outcomes in human populations. The program fosters interdisciplinary collaborations and development and use of resources and technologies to advance cancer epidemiology and its translation into clinical and public health practice.

EGRP consists of the Office of the Associate Director (OAD) and five branches. The OAD develops and implements EGRP’s mission and scientific and strategic agenda. Its functions include scientific cohort and consortia coordination, knowledge synthesis and management activities, grant portfolio management and evaluation, planning and budget management, and communications.

Associate Director: Kathy Helzlsouer, M.D., M.H.S.

The Clinical and Translational Epidemiology Branch (CTEB) focuses on clinical, lifestyle, genetic, pharmacoepidemiologic, and pharmacogenomic factors that influence cancer progression, recurrence, mortality, and other adverse medical events, and factors associated with cancer development among individuals with underlying diseases and conditions.

Chief: Andrew N. Freedman, Ph.D.

The Health Communication and Informatics Research Branch (HCIRB) supports research that examines the fundamental processes and effects of health communication and informatics on cancer-related outcomes across the cancer control continuum via interpersonal, patient-provider, print, electronic, mass media, mobile, and technology-mediated mechanisms.

Chief: Bradford Hesse, Ph.D.

The Health Behaviors Research Branch (HBRB) supports research on cancer prevention behaviors and outcomes, which include diet, physical activity, sedentary behavior, energy balance, obesity, sun safety and indoor tanning, genetic influences on behaviors, and virus exposure. It provides leadership in these areas by focusing research on effective multi-level influences and approaches to individual, relational, environmental, and community-based interventions.

Chief: Susan Czajkowski, Ph.D.

The Tobacco Control Research Branch (TCRB) leads and collaborates on research and disseminates evidence-based findings to prevent, treat, and control tobacco use. The vision of TCRB is a world free of tobacco use and related cancer and suffering.

Chief: Michele Bloch, M.D., Ph.D.

The Genomic Epidemiology Branch (GEB) focuses on factors that influence personal susceptibility to cancer, such as genetic, epigenetic, immunological, hormonal, and biological pathways; and social, cultural, and race/ethnic factors. Findings from the research supported by the Branch are disseminated to the public, health care professionals, scientists engaged in cancer control, and the public health community.

Chief: Elizabeth M. Gillanders, Ph.D.
The **Methods and Technologies Branch (MTB)** focuses on methods for epidemiologic data collection, study design and analysis, and development and adaptation of laboratory and technical approaches for large studies in human populations.

*Chief:* Mukesh Verma, Ph.D.

The **Environmental Epidemiology Branch (EEB)** focuses on factors to reduce cancer risk in humans, including exposures to nutritional components; physical activity and energy balance; alcohol and tobacco; and infectious, physical, and chemical agents.

*Chief:* Gary Ellison, Ph.D., M.PH.

The **Risk Factor Assessment Branch (RFAB)** focuses on the development, evaluation, and dissemination of high quality risk factor metrics, methods, tools, technologies, and resources for use across the cancer research continuum, as well as the assessment of cancer related risk factors in the population.

*Chief:* Susan Krebs-Smith, Ph.D., M.PH.

The role of the Surveillance Research Program (SRP) is to monitor emerging trends in our national cancer burden, track the impact of cancer on the U.S. population, and provide information that will enable researchers to generate hypotheses and address questions about observed changes over time. Research within the program is developing innovative methods for the analysis and understanding of cancer statistics and outcomes of cancer control research.

*Associate Director:* Lynne Penberthy, M.D., M.PH.

The **Data Quality, Analysis and Interpretation Branch (DQAIB)** leads the analysis and interpretation of patterns and trends in cancer surveillance data. The branch develops methods for statistical reports on national and regional trends in population-based cancer rates, identifying implications of coding changes and quality issues and developing tools for analysis of complex databases that may include demographic, behavioral, medical, and social/environmental data.

*Chief:* Serban Negoita, M.D., Dr.PH.

The **Data Analytics Branch (DAB)** advances the science on analytic, modeling, reporting and interpretation methods for cancer epidemiological surveillance data in order to measure progress in reducing the US cancer burden.

*Chief:* Angela Mariotto, Ph.D.
The Surveillance Informatics Branch (SIB) supports research on statistical and mathematical models to understand the impact of cancer control interventions and economic, health care delivery, and utilization factors on the cancer burden. The program uses mathematical modeling to develop, evaluate, and improve estimates of cancer progress measures, such as survival, prevalence, and quality of life and develop software for integration of modeling into data system.

*Chief:* Paul Fearn, Ph.D., M.B.A.

The Statistical Research and Applications Branch (SRAB) provides optimal statistical methods for the collection, analysis, and presentation of complex biostatistical measures related to the cancer control, surveillance, and epidemiology programs of the National Cancer Institute. These methods may be pertinent to risk and behavioral factors, spatial and temporal analysis, survey methods, or genetic factors.

*Chief:* Eric J. (Rocky) Feuer, Ph.D.

### Division of Cancer Epidemiology and Genetics

The Division of Cancer Epidemiology and Genetics (DCEG) is the primary focus within the NCI for population-based research to discover the genetic and environmental determinants of cancer and new approaches to cancer prevention. Intramural and collaborative interdisciplinary studies are conducted on the distribution, causes, and natural history of cancer, and the means for its prevention. Further information can be found at [dceg.cancer.gov](http://dceg.cancer.gov).

*Director:* Stephen J. Chanock, M.D.

#### EPIDEMIOLOGY AND BIOSTATISTICS PROGRAM

The Epidemiology and Biostatistics Program conducts independent and collaborative epidemiologic and biostatistical investigations to identify the distribution, characteristics, and causes of cancer in human populations.

*Director:* Robert N. Hoover, M.D., Sc.D.

The Biostatistics Branch is responsible for providing expert consultation and active collaboration on study design and analysis of epidemiologic studies; developing statistical, computational, and other methods needed for conduct and analysis of epidemiologic studies; and leading selected epidemiologic studies.

*Chief:* Paul Albert, Ph.D.
A large proportion of cancers are known to be caused by infections. Immune responses to those infections and to other chronic insults are believed to modulate cancer risk. The Infections and Immunoepidemiology Branch believes that the discovery and understanding of infectious and immunologic factors associated with human cancers can ultimately lead to practical applications that will reduce cancer burden and improve human health. The mission of the branch is to conduct research that will clarify the role of infections and immune responses in the etiology of various cancers and associated conditions, to discover new infectious agents linked to cancer development, to conduct work that explores application of our newly gained knowledge to cancer prevention, and to train and facilitate others in such research.

Acting Chief: Robert Hoover, M.D., Sc.D.

The Metabolic Epidemiology Branch focuses on high-quality, high-impact research that seeks to understand the etiology of a number of malignancies and the role of various lifestyle factors and unique exposures. Our research is predicated on rigorous epidemiologic approaches, with integration of state-of-the-art methods for defining exposures of interest.

Chief: Christian C. Abnet, Ph.D., M.P.H.

The Occupational and Environmental Epidemiology Branch conducts studies to identify causes of cancer, with a focus on occupational and environmental exposures. Epidemiology, quantitative exposure assessment, and molecular components are incorporated into multi-disciplinary studies to provide insight into cancer etiology, chemical carcinogenesis, and mechanisms of action.

Chief: Debra T. Silverman, Sc.D., Sc.M.

The mission of the Radiation Epidemiology Branch is to identify, quantify, and understand the risk of cancer in populations exposed to radiation, alone or in combination with other agents. Because models of the carcinogenic effects of radiation exposure are relevant to other exposures, the studies of radiogenic tumors contribute to overall understanding of the biologic basis of carcinogenesis. The Branch is carrying out more than 45 studies assessing cancer risks associated with medical (including diagnostic procedures and radiotherapy), environmental (Japanese atomic bomb survivors, residents exposed at young ages to the Chernobyl accident), and occupational (radiologic technologists, physicians conducting fluoroscopically-guided procedures, and Chernobyl clean-up workers) sources of radiation exposure.

Chief: Amy Berrington de Gonzaléz, D.Phil.

HUMAN GENETICS PROGRAM

The Human Genetics Program was established in 1996 to provide an expanded focus for interdisciplinary research into the genetic determinants of human cancer. Advances in molecular genetics and related biomedical sciences provide extraordinary opportunities both to explore and identify heritable factors that predispose to cancer as well as to elucidate gene-environment interactions. Program investigators conduct family-based and population-based studies that integrate clinical, epidemiologic, and laboratory approaches to investigate genetic susceptibility to cancer.

Director Margaret A. Tucker, M.D.
part of this effort, the branch maintains a familial cancer registry and biospecimen repositories. Families participating in specific studies receive counseling about their risk of cancer and about screening or intervention options.

Acting Chief: Montserrat Garcia-Closas, M.D., Dr.P.H.

The Laboratory of Translational Genomics develops new approaches to the study of the genetic basis of cancer and its outcomes. The lab seeks to understand the genetic basis of SNP markers validated in large scale, genome-wide association studies (GWAS). Specifically, the laboratory uses integrated approaches to identify and validate common SNPs and ancestral haplotypes, which could be used to dissect the genetic basis of disease susceptibility.

Chief: Michael Dean, Ph.D.

The Cancer Genomics Research Laboratory (CGR) investigates the contribution of germline and somatic genetic variation to cancer susceptibility and outcomes in support of DCEG’s research. Working in concert with epidemiologists, biostatisticians and basic research scientists in DCEG’s intramural research program, CGR provides the capacity to conduct genome-wide discovery studies and targeted regional approaches to identify the heritable determinants of various forms of cancer. CGR’s high throughput laboratory is equipped with state-of-the-art laboratory equipment and automation systems for a large number of applications including: DNA extraction and sample handling services, GWAS, validation and replication utilizing targeted genotyping techniques, epigenetic studies utilizing array-based methylation analysis, telomere length assessment, evaluation of copy number variation, whole exome sequencing and analysis for familial and population germline studies, and regional and targeted sequencing applications.

Chief: Sharon Savage, M.D.
Center for Cancer Research

The Center for Cancer Research (CCR) is the basic and clinical intramural research program of the NCI. Its mission is to inform and empower the cancer research community by making breakthrough discoveries in basic and clinical cancer research and by developing them into novel therapeutic interventions for adults and children afflicted with cancer or infected with HIV/AIDS. CCR’s translational infrastructure creates an environment that integrates basic and clinical research teams at CCR with expertise of other NIH scientists and partners in academia and industry. Based in Maryland, on the Bethesda and Gaithersburg campuses of the National Institutes of Health and the NCI campus in Frederick, CCR is a distinctive and productive community of scientists. CCR’s intramural cancer research enterprise consists of more than 250 principal investigators and nearly 800 postdoctoral and clinical fellows who work both individually and in integrated multidisciplinary teams.

Fellows wishing to engage in mentored laboratory research may select preceptors within CCR. CCR is organized into more than 50 branches and laboratories, two of which are highlighted below, with the full listing available at https://ccr.cancer.gov/lab-branch-program-directory-view-all.

The Laboratory of Human Carcinogenesis (LHC) has a multifaceted research program integrating basic, translational, clinical, and population research, with a major focus on common and lethal human cancers that include tumors of the breast, colon, esophagus, liver, lung, pancreas, and prostate. Our studies utilize a Precision Medicine Strategy. Our main objectives are to conduct investigations that assess: mechanisms of carcinogenesis including the cellular functions of cancer driving genes; experimental approaches in biological systems for the extrapolation of carcinogenesis data and mechanisms from in vitro models and experimental animals to humans; molecular integrative epidemiology of human cancer risk; and cancer biomarkers of diagnosis, prognosis, and therapeutic outcome. The laboratory consists of five sections; the Liver Carcinogenesis Section (LCS), the Molecular Genetics and Carcinogenesis Section (MGCS), the Molecular Epidemiology Section (MES), the Pancreatic Cancer Unit (PCU) and the Integrative Molecular Epidemiology Unit (IMEU). Scientifically, the emphasis is on the role of inherited or acquired host factors as important determinants of an individual’s cancer susceptibility and outcomes. Our investigations of host factors include interspecies studies among laboratory animals and humans, and are multidisciplinary to include molecular and cellular biology, pathology, epidemiology and clinical investigation. The overall goal of LHC is to acquire knowledge that will improve cancer prevention, early detection, stratification and effective treatment.

Chief: Curtis C. Harris, M.D.

The Laboratory of Metabolism (LM) consists of five principal investigators who are international leaders in research areas that include 1) drug and carcinogen metabolism, 2) chemical carcinogenesis and chemoprevention, 3) mechanisms of carcinogenesis, 4) signal transduction and cell cycle control, 5) developmental biology, and 6) epigenetic gene regulation and chromatin biology. The LM has a comprehensive research program that aims to translate basic biological findings into experimental systems used for the
development of drugs and determining the risk assessment of chemicals affecting carcinogenesis and developmentally related abnormalities leading to tumors. Its research has significant impact beyond just the LM. LM scientists generate unique reagents, such as recombinant cytochrome P450s; transcription factors and chromatin proteins; genetically altered mice for chromosomal protein-encoding genes; multiple nuclear receptor and transcription factor gene knock-out mice; conditional knock-out mice; tissue-specific Cre mice; P450 and nuclear receptor humanized mice; antibodies to P450s, transcription factors and chromatin components; recombinant dominant negative proteins to B-ZIP transcription factors; POLO kinase inhibitors; and assay systems for cancer diagnosis that have been distributed to numerous laboratories in the U.S. and throughout the world.

Chief: Frank J. Gonzales, Ph.D.

Frank J. Gonzales, Ph.D.
Preceptor, Laboratory of Metabolism, Center for Cancer Research, NCI
Post-Fellowship Employment

Upon leaving the CPFP, fellows have obtained positions at the following institutions:

**Universities:**
- Bentley University
- California Polytechnic State University
- Dublin City University National Institute for Cellular Biology
- Duke University Medical Center
- Economics Charite-Medical School Berlin
- Emory University
- George Mason University
- The George Washington University
- Howard University College of Medicine
- Indiana University School of Medicine
- Johns Hopkins School of Medicine
- The Mayo Clinic
- Michigan State University
- Morehouse School of Medicine
- New York University
- Northwestern University Feinberg School of Medicine
- The Ohio State University
- Oregon Health and Science University
- Oregon State University
- The Pennsylvania State University
- Queens College, City University of New York
- Queen's University Belfast
- University of Arkansas for Medical Sciences
- University of California, Davis
- University of California, Merced
- University of Colorado at Denver
- University of Delaware
- University of Florida
- University of Louisville School of Medicine
- University of Maryland at Baltimore
- University of Maryland, College Park
- University of Maryland School of Medicine
- University of Massachusetts
- The University of Medicine and Dentistry of New Jersey
- University of Memphis School of Public Health
- University of Minnesota
- University of Pennsylvania
- University of Pittsburgh
- University of South Carolina
- University of South Florida
- University of Southern California
- University of Tennessee Health Science Center
- University of Texas at Austin
- The University of Texas at Brownsville and Texas Southmost College
- The University of Texas Health Science Center at San Antonio
- The University of Texas Southwestern Medical Center
- University of Utah
- University of Waterloo
- University of Wisconsin, Madison
- University of Wisconsin, Milwaukee
- University of Vermont College of Medicine
- Virginia Commonwealth University
- Wake Forest University School of Medicine
- Washington University School of Medicine
- Yale University School of Medicine

**Cancer Centers:**
- Fox Chase Cancer Center, Cheltenham, PA
- H. Lee Moffitt Cancer Center and Research Institute, Tampa, FL
- Howard University Cancer Center, Washington, DC
- James Graham Brown Cancer Center, Louisville, KY
- Memorial Sloan Kettering Cancer Center, New York, NY
- Puerto Rico Cancer Center, San Juan, PR
- The University of Texas MD Anderson Cancer Center, Houston, TX
- Washington Cancer Institute, Washington, DC
Medical Practices:
Advanced Dermatology and Skin Surgery, Spokane, WA
Ameripath, Tulsa, OK
Annapolis Medical Specialists, Annapolis, MD
Christus Spohn Hospital, Corpus Christi, TX
Dell Children's Medical Center Trauma Services, TX
Hershey Medical Center, Hershey, PA
Hospice of Lancaster County, Lancaster, PA
Oncology Associates, Omaha, NE
The Permanante Medical Group, Vallejo, CA
Twomey Industrial Medicine and Wellness, Sumter, SC
Dept. Veterans Affairs Medical Center, OK
Washington Hospital Center, DC
Washington Medical Center, DC

National Institutes of Health, Bethesda, MD:
National Heart, Lung and Blood Institute
National Institute on Alcohol Abuse and Alcoholism
National Institute of Child Health and Human Development
National Institute of Dental and Craniofacial Research
National Institute on Nursing Research
NCI, Center for Cancer Research
NCI, Center to Reduce Cancer Health Disparities
NCI, Division of Cancer Control and Population Sciences
NCI, Division of Cancer Epidemiology and Genetics
NCI, Division of Cancer Prevention
NCI, Division of Cancer Treatment and Diagnosis
NCI, Division of Extramural Affairs
NCI, Center for Bioinformatics
NCI, Office of Deputy Director for Extramural Science
NCI, Office of Science Planning and Assessment
NIH, Office of Behavioral and Social Sciences Research
NIH, Office of the Director
NIH, National Center for Research Resources NIH
Warren G. Magnuson Clinical Center
NIH, National Institute of General Medical Sciences, Bethesda, MD
Office of Clinical Research and Bioethics Policy
Office of Medical Application of Research

Government Agencies Outside of NIH:
CDC, Center for Global Health, Dar es Salaam, Tanzania
CDC, National Center for Health Statistics, Hyattsville, MD
CDC, Office on Smoking and Health, Atlanta, GA
Centers for Medicare and Medicaid Services, Boston, MA
FDA, Center for Drug Evaluation and Research, Silver Spring, MD
FDA, Center for Food Safety and Applied Nutrition, College Park, MD
FDA, Center for Tobacco Products, Silver Spring, MD
FDA, Division of Drug Marketing, Advertising and Communication, Silver Spring, MD
FDA, Division of Molecular Genetics and Pathology, Silver Spring, MD
FDA, National Center for Toxicological Research, Jefferson, AR
Texas Department of State Health Services, Austin, TX
USDA, Center for Nutrition Policy and Promotion, Alexandria, VA

Research Firms or Private Organizations:
Advanced Dermatology and Skin Surgery
Alaska Native Tribal Health Consortium
American Cancer Society
AmeriPath Tulsa
BioInformatics
Cancer Prevention Institute of California
Children's Hospital of Austin
Cincinnati Children's Hospital Medical Center
Coempower, LLC
The Council of State Governments
CSR, Incorporated
Exponent Healthcare Solutions
Genentech
Genomic Nanosystems, Inc.
Gradient Corporation
HealthCore
Kaiser Permanente
The Lancet
Leidos Biomedical Research, Inc.
The MayaTech Corporation
MSD-Management System Designers
Nova Research Company
Pacific Hematology Oncology Associates
Patient-Centered Outcomes Research Institute
Pinney Associates
RAND Corporation
Robert Wood Johnson Foundation
SAIC
St. Jude Children's Research Hospital
WebMD/ViPS
Westat
Xcenda
Life Outside the NCI

The CPFP Office is located at the NCI facilities in Rockville, Maryland, near the Nation’s Capital. With the convenient Metro subway reaching throughout the Washington, D.C. area, transportation is within easy reach.

Near the NIH campus, downtown Bethesda supports a diverse selection of more than 180 restaurants offering cuisine from all over the world.

Washington, D.C. offers magnificent monuments and world-class museums. The National Gallery of Art and the museums of the Smithsonian Institution are only the most obvious; smaller museums such as the Phillips Collection should not be overlooked. Other sightseeing opportunities such as the National Zoo, the Kennedy Center for the Performing Arts, the folk festivals, the cherry blossoms that bloom every spring, the numerous parades, and many other worthwhile sightseeing adventures nearby. Washington has professional football, baseball, basketball, and hockey teams.

Washington’s best known outdoor recreational area, Rock Creek Park, offers a spacious and beautiful landscape that is much appreciated and heavily used by bicyclists, runners, and picnickers.

Washingtonians often make the trip to Baltimore to enjoy the Inner Harbor restaurants, aquarium, and shopping. Annapolis and the Chesapeake Bay are also nearby.

Within a short distance are the Atlantic coast beaches, the Shenandoah and Catoctin mountains, as well as the nearby ski resorts in Maryland and Pennsylvania. Also close by are the historic homes of George Washington and Thomas Jefferson.

Our weather covers all seasons from the leaves turning colors in the fall to the warm sun-kissed days of summer—we have it all!
Course Participants, NCI Summer Curriculum in Cancer Prevention, 2016